CAMM

Happy March!

Wherever you are reading this newsletter from, I hope you are enjoying a change in the seasons. Here in Minnesota, we are finally experiencing some relief from the winter weather. The temperature is warming, the grass is slowly beginning to green back up, and I can imagine the perennial plants beginning to prepare to pop out of the ground and reach once again for the sun. Spring is a good time for us to be reminded to always be reaching for the one and only son, Jesus. With each new day we should be spending time with Jesus, in prayer and giving thanks for all that we have. *Let your heart therefore be wholly devoted to the Lord our God, to walk in His statutes and to keep His commandments, as at this day. 1 Kings 8:61*

Our newsletter this month is written by Jackson Kalekwa, the Clinical Officer in Charge at the Mwembezhi Lutheran Mission Rural Health Centre. He writes about the blessings of the laboratory technologies that are helping people identify the reasons behind their symptoms and allowing them to get the treatment they need. Many of these machines were funded, in part, by generous donations from CAMM supporters. What a blessing it is to hear exactly how these tools are being used to heal and help the people of Africa.

Thank you for your continued prayers on behalf of CAMM.

God's Blessing,

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LUTHERAN LABORATORY – A GLIMMER OF HOPE

As one of the two laboratories in our district, we are blessed to serve at Mwembezhi Lutheran Mission Rural Health Centre, where our team is driven by compassion and excellence. We see every laboratory test as an opportunity to touch lives, reflecting the love of Christ in our work.

From diagnosing different illnesses, we are not just testing samples, we are offering hope. Our laboratory monitors treatment, progress, empowers patients and gives staff the swift answers they need to heal patients. “For I was sick and you took care of me,” Matthew 25:36 reminds us of our calling.

I recall two patients, one had tuberculosis and one has diabetes. The journey of the two patients turned around. Thanks to our timely diagnosis and care of the tuberculosis patient, the patient was cured in six months. The patient with diabetes was first taken to herbalists (traditional medicine). When the condition became very bad, one teacher who is diabetic visited the family and gave a health education talk on how he started and is now on treatment. He encouraged the family to bring the patient to our laboratory for testing. The patient was brought to clinic in very bad condition. Her glucose was 34.3mmol/L (617.4g/dl). The clinician discussed referring her to a hospital, but the family said they had no money. The patient was admitted at our clinic and put on insulin treatment. She was able to walk within one week, despite muscle atrophy. She is now doing fine and on treatment.

In our laboratory, every test tells a story of struggle, perseverance or victory. Last year, we processed thousands of tests, a small part of God’s bigger plan to bring health and wholeness to our community. From outbreak tracking to community screening, we seek to serve with kindness and accuracy. Our Lutheran laboratory is more than a facility, it’s a ministry of precision, love and service. As we work, we trust in the Healer’s hand guiding every step.

THE SERVICES WE PROVIDE IN THE LABORATORY IN 2025

1. We test for malaria: Any patient found positive with malaria is treated and a follow-up test is done to all neighbors and family members close to the patient. Patients found positive with malaria were 30 out of 739 tested.
2. Urinalysis and stool testing: Patients found with urinary tract infection were 255 and for stool sampling we found 73 cases of intestinal worms.
3. Blood test for syphilis, viral load, CD4 count, Full Blood Count (FBC), sickle cell anemia and iron deficiency anemia. 41 patients tested positive for syphilis. 835 total patients were found with anemia. Blood was drawn for viral load from 940 HIV clients. Out of this number, 24 were found with high viral load. Counseling on adherence was done. Clients who adhered were switched to the second line of treatment. The non-adhering clients were continued with the same antiretroviral drugs.
4. Sputum testing for pulmonary tuberculosis is done at the clinic. When a patient is found positive, she/he is put on treatment and contact tracing is done to all who came in contact with a tuberculosis positive patient. Positive tuberculosis patients should have their sputum tested at regular intervals, to monitor the effectiveness of treatment. Testing typically takes place at the end of the initial intensive phase (2 months), in the middle of the continuation phase (5 months) and at the end of treatment (6 months).

LOOKING FORWARD

Despite success in all that we do in the laboratory, challenges remain. When patients are sent to the laboratory, they go and sit together with TB patients. This is not good as TB is highly contagious. In the lab, we also have sputum specimens, some of which are positive. In the short term, we are looking for ways to separate TB patients from the general population. Long term we may need to consider finding a separate TB testing area.

Jackson Kalekwa
Clinical Officer In Charge